



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Consultants in Pain Medicine

Respondent Name

Travelers Indemnity Co of Connecticut

MFDR Tracking Number

M4-16-1104-01

Carrier's Austin Representative

Box Number 5

MFDR Date Received

December 28, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We content that Travelers Insurance did not apply the 28 Texas Administrative Code Rules and Guidelines when auditing the laboratory services."

Amount in Dispute: \$243.32

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "the Carrier reviewed the billing and issued reimbursement for the drug screen, but denied reimbursement for the individual panels as they are included in the reimbursement for the drug screen itself. ...The Carrier has reviewed the Medicare coding edits applicable to urine drug screens and disagrees. The Carrier contends reimbursement for the individual panels is included in the reimbursement for the urine drug screen itself."

Response Submitted by: Travelers Indemnity Co of Connecticut

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 12, 2015	82570, 81003, G6041, G6056, G6045, G6046	\$243.32	\$163.02

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the requirements for filing a medical fee dispute.
- 28 Texas Administrative Code §134.203 sets out the reimbursement for clinical laboratory services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 45 – Charge exceeds fee schedule/maximum allowable or contacted/legislated fee arrangement

- P12 – Workers’ compensation jurisdictional fee schedule adjustment
- 97 – Allowance included in another service
- W3 – Additional payment made on appeal/reconsideration

Issues

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?
2. What is the applicable rule pertaining to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The services in dispute are for clinical laboratory services. 28 Texas Administrative Code §134.203 (b) states,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Review of the medical bill finds the submitted codes are:

- CPT Code 82570 – Creatinine; other source
- CPT Code 81003 – Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
- CPT Code G6041 - Alkaloids, urine, quantitative
- CPT Code G6056 - Opiate(s), drug and metabolites, each procedure
- CPT Code G6045 - Assay of dihydrocodeinone
- CPT Code G6046 - Assay of dihydromorphinone

Current AMA CPT Codes were billed, however a CCI conflicts exists for 82570 and 81003. Per National Correct Coding Initiative Edits Manual, Chapter X - Pathology and Laboratory Services (CPT Codes 80000 - 89999) E. Drug Testing,

Providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Medicare billing exclusions do apply to the clinical laboratory service billed as 82570 and 81003. The carrier’s denial as 97 – “Allowance included in another service” is supported. The remaining services in dispute will be reviewed per applicable rules and fee guidelines.

2. 28 Texas Administrative Code §134.203(e) states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

CMS payment policy files identify those clinical laboratory codes which contain a professional component, and those which are considered technical only. The codes in dispute are not identified by CMS as having a possible professional component, for that reason, the MAR is determined solely pursuant to 28 TAC §134.203(e) (1). The maximum allowable reimbursement (MAR) for the services in dispute is 125% of the fee listed for the codes in 2015 Clinical Diagnostic Laboratory Fee Schedule found on the Centers for Medicare and Medicaid Services website at <http://www.cms.gov>. The total MAR is calculated as follows:

Date of Service	Submitted Code	Submitted amount on claim	Units	Maximum allowable reimbursement
August 12, 2015	82570	\$40.00	1	CCI edit exists no additional payment recommended
August 12, 2015	81003	\$40.00	1	CCI edit exists no additional payment recommended
August 12, 2015	G6041	\$75.00	1	$\$40.85 \times 125\% = \51.06
August 12, 2015	G6056	\$150.00	1	$\$26.48 \times 125\% = \33.10
August 12, 2015	G6045	\$75.00	1	$\$28.10 \times 125\% = \35.13
August 12, 2015	G6046	\$75.00	1	$\$34.98 \times 125\% = \43.73
		Total		\$163.02

The total allowable for the services in dispute is \$163.02. The carrier previously paid \$0.00. The remaining balance due to the requestor is \$163.02. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$163.02.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$163.02 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	January , 2016 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.